

# INVESTIGATOR SUPPLEMENTAL REQUEST

## FOR PRE-APPROVAL OF CLIENT COSTS

*The assigned attorney is responsible for keeping the pre-approved costs within the pre-approved amount. If costs are anticipated to exceed the pre-approved amount, the task must be resubmitted for approval of a supplemental amount on this form prior to incurring any additional costs. **It is imperative for the requesting attorney to monitor costs expended to date so as not to delay the supplemental process.***

\_\_\_\_\_  
Date

\_\_\_\_\_  
Task Provider's Name

\_\_\_\_\_  
Requesting Attorney's Name

\_\_\_\_\_  
Case Name

\_\_\_\_\_  
OPD Case ID Number

Original Pre-Approved Amount (attach copy of pre-approval form) \_\_\_\_\_

Amount of Supplemental Request for Additional Work \_\_\_\_\_

Amount of Supplemental Request for Travel \_\_\_\_\_

*Note: travel reimbursement is paid at the **current state rate** for mileage, lodging and per diem.*

**Revised Total Amount Requested for Pre-Approval** \_\_\_\_\_

Justification for supplemental request: \_\_\_\_\_

Have you consulted with the OPD Investigator Supervisor regarding this request?

☐ Yes      Date and time of consultation \_\_\_\_\_

☐ OPD Investigator Supervisor has reviewed and concurs with request  
(Attach documentation or signature)

\_\_\_\_\_  
Requesting Attorney Signature

\_\_\_\_\_  
Date

The Requesting Attorney must complete and forward this form to the appropriate person for approval:

- The Regional Deputy Public Defender in cases assigned to an FTE, or a non-conflict case assigned to a contract attorney
- The Major Crime Unit Manager in MCU cases
- The Conflict Coordinator in cases assigned to a conflict attorney, whether FTE or contract
- The Chief Appellate Defender in appellate cases

\_\_\_\_\_  
Authorized Signature    ☐ Approve    ☐ Deny

\_\_\_\_\_  
Date

**NOTE:** Regional Deputy Public Defenders or the MCU Manager will forward approved requests for amounts exceeding their expenditure authority to Central Services for final approval.

### For Central Services Use Only

☐ Approve    ☐ Deny

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date